STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	
NAME OF COMMITTEE (in t	(Check if name Example: If typying, type	Office use only
OLSSON FRAI	NK AND WEEDA PC FREEDOM PAC	
ADDRESS (number and s	1400 16TH STREET NW SUITE 400	
(Check if address is changed)	WASHINGTON	DC 20036 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) jbaer@ofwlaw.com	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.ofwlaw.com LILIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
 DATE M M M M O M FEC IDENTIFICA IS THIS STATEM 	2 7 2 0 0 9 TION NUMBER C C00273136	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct an Treasurer	d complete
Signature of Treasurer	Electronically Filed by John Bode	Date 03 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED N	•
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	